The changing role of the visiting medical officer

LETTER to the EDITOR

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To the Editor—Family physicians are working hard, through various means, to improve their medical skills. Many of us take diploma courses to upgrade our knowledge in different fields of medicine, partly because we know very well our shortfalls and partly because our practice demands a broader scope of knowledge. In a way, family medicine plays a pivotal role, connecting us with other specialties, and geriatric medicine is one of them.

For years, visiting medical officers (VMOs) have been no more than general practitioners/family physicians who visit old age homes once or twice a week to look after the elderly. Ordinarily, they would be asked to treat minor ailments such as common colds, aches, and pains. In the case of more serious problems, the elderly people are usually referred to specialists or emergency rooms for treatment. As a matter of fact, nearly all VMOs were not then capable of solving the more complicated geriatric problems. With the establishment of the University of Hong Kong's postgraduate diploma course in community geriatrics, family physicians are now better equipped to manage the more complicated cases, resulting in less frequent referrals to medical staff of the Hospital Authority.

Because of the lack of recognition, house staff do not usually seek advice from even well-trained VMOs on serious medical cases. To reverse the situation, trained VMOs need to do the following:

1. Establish good rapport with the old age home house staff and the family of the elderly people.
2. Advise the house staff that you have received formal geriatric training.
3. Prove to them that you are capable of active participation in the daily care of elders.

With the ever-increasing geriatric population and shortage of hospital beds, there is a need for better management of old age homes. Old age home patients occupy a large proportion of hospital beds, and trained VMOs can play a role in alleviating this problem. In order to help reduce hospital admissions, the VMOs will have to provide:

1. Better medical management such as early detection of serious disorders e.g. congestive cardiac failure, pneumonia, exacerbation of chronic obstructive pulmonary disease, urinary tract infection, dehydration, electrolyte imbalance, malnutrition, failure to thrive, pressure sores, uncontrolled behavioural problems, depression, and many more.
2. Holistic approach to the care of elderly patients.

The holistic approach in family medicine and the multidisciplinary approach in geriatric medicine are complimentary to each other. The two disciplines together provide a solid foundation for the practice of good community geriatric medicine. Finally, in order to enhance recognition, the title VMO should be discarded and titles such as family physician with community geriatrics training or family physician with special interest in community geriatrics should be used instead. In time, family physicians with proper training can help improve the hospital bed situation and eventually save hospital costs.